



Infectious Waste Generator Registration Form Bureau of Land and Waste Management

Official Use Only:

S.C. Generator Identification Number: _____

Fee accompanied this form? Yes ☐ No ☐

1. Notification Information

First Notification ☐

Renewal Notification ☐

Change Information ☐

2. Waste Producer Information

Name of waste producer (Name of facility or practice) Facility Type Code (See instructions for codes)

Street address (not mailing address)

City County Code (See instructions for codes) State Zip Code

Name of legal owner/operator

Name of contact person/title

() - Ex. #
Contact phone number E-mail address

Mailing address (if different from above)

City State Zip Code

3. Waste Producer Status

☐ Regular Generator ☐ Small Quantity Generator less than 50 lbs/per month

Categories of waste generated and the reported amount

a.) sharps	_____	lbs/per month
b.) microbiological	_____	lbs/per month
c.) blood/blood products	_____	lbs/per month
d.) pathological	_____	lbs/per month
e.) animal wastes	_____	lbs/per month
f.) isolation waste	_____	lbs/per month
g.) other	_____	lbs/per month
Total amount of waste generated = _____		lbs/per month

Did you use an Infectious Waste Manifest to calculate the amount waste generated? Yes ☐ No ☐

4. Infectious Waste Management Practices

1. Are you currently, or do you expect to:

a. Treat infectious waste on site?

☐ Yes ☐ No

b. Send infectious waste off site?

☐ Yes ☐ No

c. Produce any radioactive waste on site?

☐ Yes ☐ No

1) If yes, do you screen the waste before it is sent off site? ☐ Yes ☐ No

2) If not, please explain why you do not screen for Radioactive Waste. _____

(REGULAR GENERATORS ONLY: COMPLETE LINES 3, 4, AND 5.)

3. Do you have a written protocol for handling infectious waste?

☐ Yes ☐ No

4. Do you have an infection control committee?

☐ Yes ☐ No

5. List names of chairman and other members of the infection control committee.

Name

Title

Name	Title

5. Disposal

How do you dispose of your infectious waste?

1. ☐ Landfill _____

2. ☐ Management Company _____

3. ☐ Other _____

6. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

*For additional forms and copies of the infectious waste regulations 61-105, please log onto:
<http://www.scdhec.net/lwm/html/infect.html>*